

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em;">09-913 833</div>		FILING DATE <div style="font-size: 1.2em;">03 DEC 2001</div>	
						APPLICANT(S) <div style="font-size: 1.2em;">Johnson</div>			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8		/					58		
9		/					59		
10		/					60		
11		/					61		
12		/					62		
13		/					63		
14		/					64		
15		/					65		
16		/					66		
17		/					67		
18		/					68		
19		/					69		
20		/					70		
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23							73		
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36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	21						TOTAL DEP.		
TOTAL CLAIMS	22						TOTAL CLAIMS		